

#4
An Essay
on
Cynancho Trachealis
for the degree
of
Doctor of Medicine
by
William A. Fitzgerald
of
The District of Columbia.
1810

By Cynanche Trachealis

We mean a disease of an inflammatory nature affecting the Glottis, the Larynx, the membranes connected with these, the contiguous muscles, or one or all of the parts enumerated —

To recount the varieties of opinion and practice of those Physicians who have given to the world their observations on Cynanche Trachealis, would probably contribute little to the value of this essay: and moreover, it is a task that has been already frequently performed on similar occasions. It may however be gratifying to curiosity (and it is a tribute of respect which they surely deserve) to notice a few of the most remarkable productions on the subject of the disease in question, with which I have had communication, or of which I have been informed —

Among the authors then of the more valuable treatises on Cynanche Trachealis,

I believe Forestus is allowed to occupy a very ² high rank. In his work published in 1634, in which he takes a view, as the title imports, of the causes, symptoms, and cures of all the diseases to which the human body is liable, we are struck with the record of this then little investigated disease. His chapter "*De Cynanche vera musculis internis laryngis occupante*"; and his succeeding comments on the case recorded in it, present us with a minute consideration of the causes, an accurate description of the symptoms, and a judicious application of remedies, the propriety of which the present advanced state of our science confirms. This part of his work is indeed an earnest of its general excellence, and would probably do credit to a physician, whose existence in far later times has been attended by the attainment of a more certain knowledge of the real nature of *Cynanche trachealis* —

The next regular history of this disease is said to have been given about 1749, by an Italian physician of the name of Ghisi, and considerably later in the same century, Michaelis made a large contribution to the mass of medical writing. In the course of

1834
The first of the year was a very dry one
and the crops were much injured
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his work we observe a lengthy chapter "De Squi-
-nautia", and doubtless at the period of its publi-
-cation, it was very highly esteemed -

Since the time of the last mentioned author
until very lately, the investigations of the Cynan-
-che Trachealis would appear to have been
almost suspended - our medical records offer
us no other proofs than a few irregular & inae-
-curate essays, that it at all attracted the atten-
-tion of physicians -

It was reserved for the European and
American medical men of the present time,
to inquire successfully into the circumstances
of this disease. The result of their examina-
-tions has been the establishment of a prac-
-tice so correct and appropriate, as to deprive
the Cynanche Trachealis of that power
of destruction, which it had so long
preserved. - To arrange and describe
as well as my time, and limited oppor-
-tunity of observation will permit, the
causes, symptoms, & cure as now ascer-
-tained, is the object of the succeeding
pages -

all those causes that act in the production of fever, may with much reason be believed, to occasionally excite the cynanche trachealis; indeed it is acknowledged that the most frequent sources of this last are to be sought for in the sensible qualities of the atmosphere. Its rapid transitions from heat to cold, and the reverse, have undoubtedly much influence in the formation of this disease, and if we consider the nature of the seasons in which it most frequently appears, we are warranted in concluding, that this particular effect of these changes is proportioned to their suddenness and degree -

The attack of the Cynanche Trachealis is sometimes sudden, or preceded by an indisposition so slight and of so short duration, as to be scarcely observable -

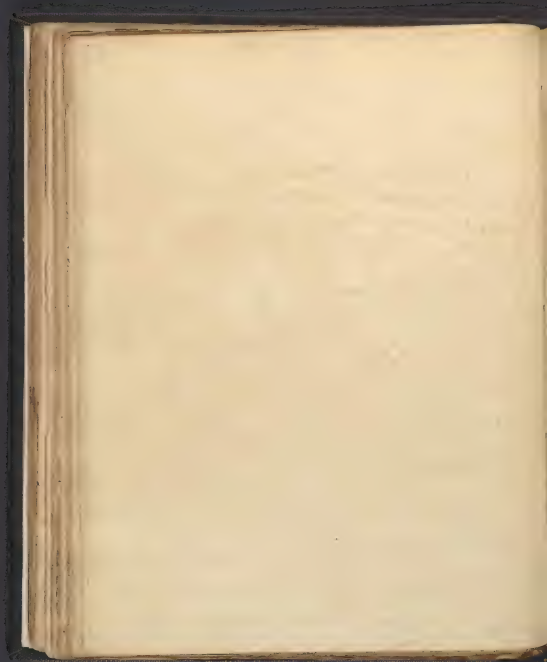
More frequently however it is announced by a dry cough, with shivering and other symptoms of fever - a tendency to vomit is ascribed by many authors, to be here a common symptom - The disease, if permitted to progress, soon begins to give

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those local evidences of its existence, by which ⁵
it is so strongly characterized - A sense of
uneasiness about the larynx, difficult res-
piration attended by a wheezing noise,
a voice and cough with which most
physicians are acquainted; and which
are as difficult to describe, as they are
easy to recognize on having once been
heard, confirm the disease in its formed
state -

The pulse from the beginning is full
and frequent, the face flushed, (tho' some
times pale, as in the remissions of a mild
attack), and the patient restless and
anxious, are now hourly augmented.

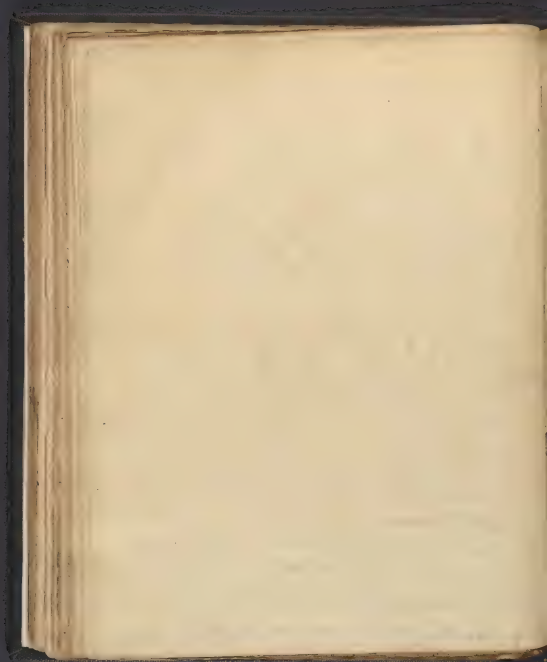
Dyspnoea has become a very general
symptom, unless when suspended by a
fit of coughing, or that feeling about the
larynx which threatens suffocation -
these periods may properly enough be termed
exacerbations, during which the usual
sonorous breathing is exchanged for
a violent struggle, to prevent suffoca-
tion as it were, accompanied with



what has been called a crowing noise. ⁰
I have mentioned above that this disease
remits occasionally - This is allowed & believed
by all physicians, and they concur, moreover,
in the opinion that the day is the usual
season of these remissions -

Of it be not soon arrested by the
remedies to be hereafter detailed, every
hour gives additional proof of the increasing
power of the disease over the life of the
patient -

In its progress to a fatal event, the
difficulty of breathing becomes gradually
greater, as is shown by the violent action
of the muscles of the thorax and abdo-
men. The patient tho' extremely dispo-
sed to sleep, cannot effect it for the
distressing fear of suffocation - The pulse
becomes small and quick, and at
length tremulous - The sense of stran-
gulation increases to an agonizing
degree, and the wretched sufferer, now
in the grasp of death, struggles convulsively
- for the continuance of that life,

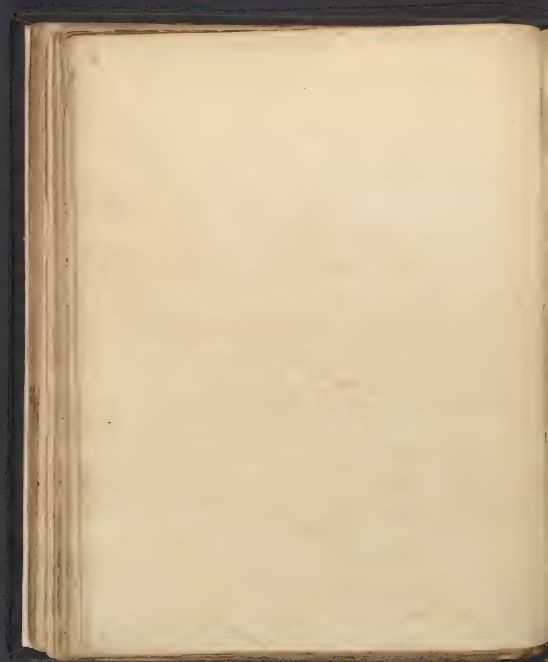


whose early termination shall remove him from
one of the highest grades of human pain and
misery —

The duration of the complaint varies
much, and depends in a great measure on
the degree of violence in the attack, and
on the strength and constitution of the patient.
In some cases it proves fatal in a few hours
in others it is protracted in a chronic or feeble
"form for six, eight, or ten days," but most
frequently, its result is ascertained in from
one to three days.

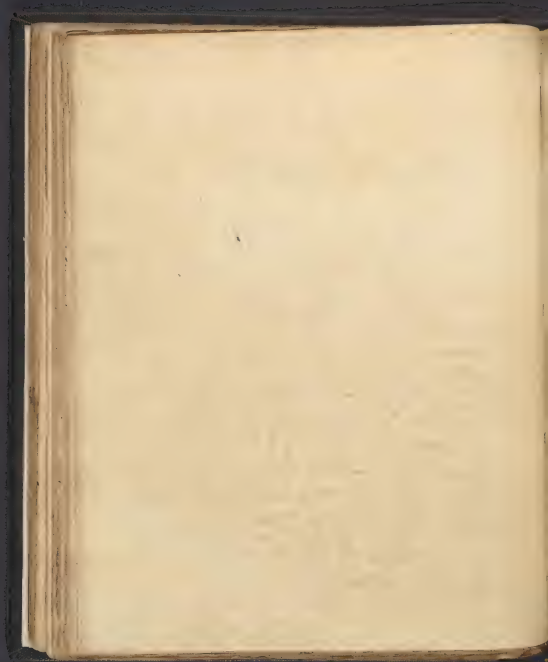
Children between the ages of three months
and five years are the most frequent subjects of
this disease. In 1799, the byriancha trachealis
was said to be "epidemic in Alexandria and the
adjacent country, and it is recorded by
"numerous instances to children of eight, ten
"and twelve years of age, and in only a dozen
"instances at least, to adults of different ages."
(vid. J. n. S. Med. & Phys. Journal - May 1809.
Dr. Dick's communication.) It is now no

never doubted to attack adults: indeed,
examples of this though they are comparatively
rare, occur to almost every practitioner.

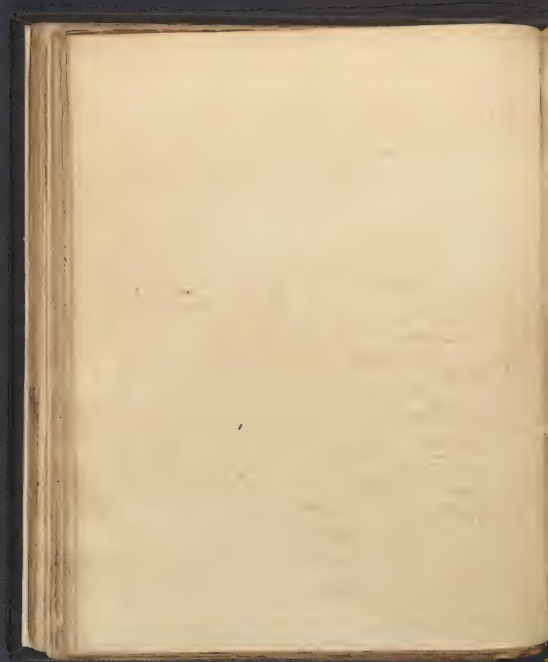


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Being about to proceed to the narration of the most approved treatment of *Cynanche Trachea*, I would premise, that though the distinction of *Spasmodic* and *Inflammatory*, is undoubtedly a well founded one, I am not aware, that this fact leads to any practical difference. The two species are believed, I think, by Physicians, to occur distinctly, and though, by the predominance of the one or the other at certain stages of the complaint, the symptoms may be a little altered, the more prominent remedies for each are still the same. Is it not agreed that the spasm is most generally occasioned by a greater or lesser degree of inflammation about the larynx, & vice versa? I believe it is, and experience clearly points to the mode of treatment which ought to be pursued in both cases - We will bleed them, for the solution of this spasm, whether it be a cause or a consequence of inflammation -



The approach of the typhoid fever may be
 suspected in all children on the occurrence of
 "fever," and a slight degree of delirious conduct,
 but these symptoms should be particularly
 attended to in children who have had former
 attacks of it - as yet the disease is completely
 under the control of an emetic - This indeed
 is a truth generally known wherever the
 disease is common, that few of those families
 in which it has once appeared are to be
 found unprovided with some one or other
 of the medicines of this class. On the
 first symptom of its approach, this ex-
 cellent preventive is administered, and the
 child is rescued if not from death, at
 least from a painful & distressing con-
 -vulsion - I may add, that there are some
 diseases, with which the one in question
 may be confounded in its forming state,
 or which may be mistaken for it - But
 here another advantage of our prophyl-
 -actic remedy itself. So far from being
 of disservice in these, it acts greatly in
 alleviating and in removing them.

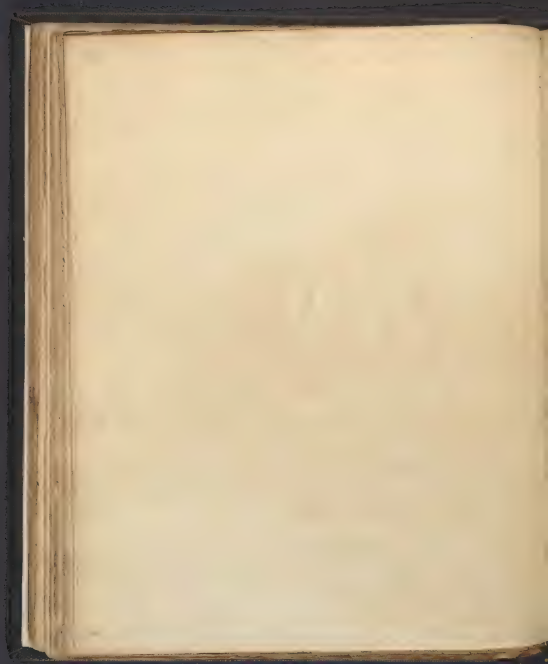


10.

I allude to catarrh, and the diseases of the fauces. Besides, the exhibition of a single emetic, though not absolutely necessary, is productive of little or no inconvenience, at the age most liable to this disease —

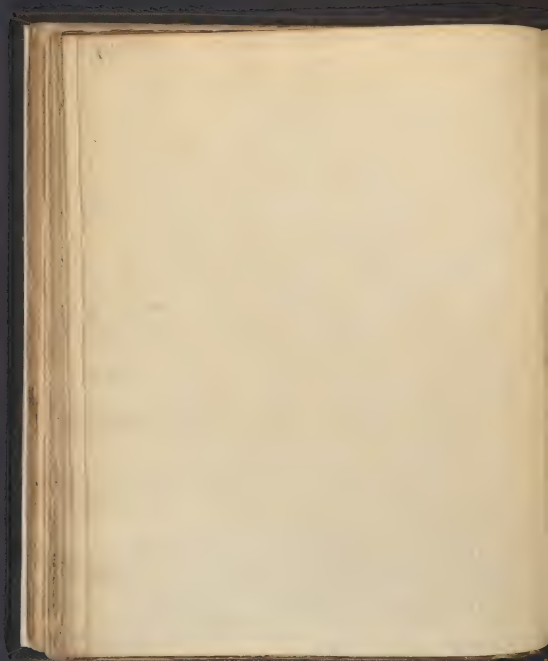
When the dynamic principle has progressed beyond that point at which our reliance is to be placed on an emetic alone, this should be succeeded by other remedies to be presently mentioned. To mark with some precision the point alluded to, the failure of the emetic in its operation, or in its expected effect, will I think, be sufficient. Before leaving the subject of emetics, I would mention, that it is the practice of many physicians to accompany their use with the warm bath. It promotes the operation of the former remedy; and indeed, it is said to have alone cured the disease, by exciting a profuse perspiration —

These means however are in many cases incapable of subduing the force of the attack, and now the Lancing is to be resorted to. It is as yet, an undecided point to what lengths



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this remedy is to be immediately carried - the great
experience of Professor Rush decides in favour
of the frequent abstraction of small quantities
of blood - Dr. Rich of Alexandria prescribes
on the contrary, bleeding at discretion and
- me, in a his practice is certainly successful
in the extreme. My observation of it, ad-
vanced, when carried to this extent in the hands
of the latter, would induce me to follow
his example. The happy result of each
mode of treatment cannot be doubted;
and if there is any difference in the degree of
success attendant on the two methods, my
actual acquaintance with the one, and
the general knowledge alone which I possess
of the other would induce - it presuming
in me - to attempt a decision on the supe-
- riority of either. - May there not be cer-
tain circumstances in each particular case to
direct us; and should we not bleed more
copiously to relieve that spasm which
threatens the speedy extinction of life,
than to suppress that inflammation which
only increases the production of spasm,
or as a destruction thro the medium of a
more violent contraction which may



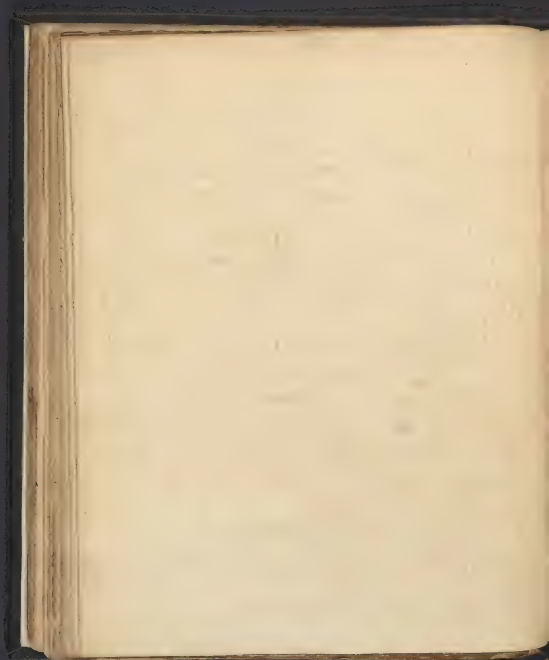
be eventually fatal?

12.

When the bloodletting has not been at-
-tended to such length as to produce fainting,
or the not been sufficient enough to check the
disease, it is customary with many practition-
-ers to repeat the practice as a warm bath, and
not should the symptoms continue to be
urgent, they proceed to renew their efforts
with the lancet, even till it has occasioned
deliquium animæ - Under these circum-
-stances they assert that they are "invariably
successful" -

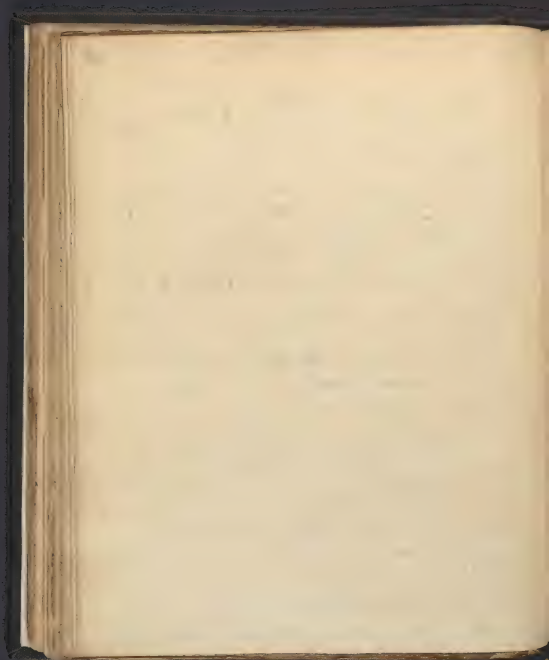
Topical depletion, by means of cups
& leeches, is highly recommended as auxil-
-iary to the above remedies, and I should
suppose ~~it~~ would be last recourse to
with the best effects before that period
when the more profuse depletion is
found necessary -

Blisters to the "throat, breast, neck, and
arm limbs" would seem well deserving of
the high character bestowed on them in
this disease, by many writers -



When the force of the disease is broken, as is shown ¹³⁻
by the diminution of hoarseness, and the decreas-
ing difficulty of respiration, purges have
been most exhibited by most practitioners.
Many physicians prescribe them in the earlier
stages of the disease, but I conceive that the
mode of evacuation above mentioned, is
more adapted to meeting the violent local
symptoms - While the disease is yet linger-
ing about the patient the thorough opening
of the bowels is a most important point;
it prevents a relapse, and almost insures
the convalescence - Calomel is the med-
icine most generally given with this view,
and in such doses, as speedily and ac-
tively to purge -

The violent symptom, having been
made to disappear, it frequently happens
that the patient is troubled by a remain-
ing cough & hoarseness with sufficient
expectoration - The *polygala senega*,
so highly commended in *Cynanche Tra-*
-achealis by Dr. Ancher, here proves an
efficient expectorant and from what
little I have seen of its use, I cannot



14-
but think it best adapted to the removal of the
symptoms just mentioned - Doubtless, however,
it may be used advantageously, as an emetic
at an earlier period -

When little or no morbid excitement
remains, the cough may be much relieved
by a few drops of liquid laudanum -
Dr. Rush says "they often produce the most
"salutary effects - They should be given "he
adds" in flaxseed, or bran, or onion tea, of
"which drinks the patient should take
"freely, during every stage of the disease -"

The operation of Tracheotomy has been proposed
to be performed when the fatal issue of a
case may with certainty be expected - To
those who are better qualified to determine
on the propriety of this last resort, I leave
its consideration - It must however be a
pleasing reflection to physicians, that their
assistance, when solicited in proper season,
can render unnecessary this apparently
desperate alternative -

I have omitted to mention the appearance
= ces on dissection, because I have never witnessed

and that it had been a long time
since I had seen him. I was
glad to hear of his recovery
and to see him again.
I was a little surprised to find
that he was not as well as
I had expected. He was a
few days of illness, but
now he was getting on his
feet again. I was glad to
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see him again.

=ed the examination of a person who had ¹⁵⁻
died of this disease -

It remains for me to offer to the
professors of the University my highest
respects —

It is a common mistake to suppose that the
of the mind is a mere collection of ideas.

It is a more common mistake to suppose that
the mind is a mere collection of ideas.
—